ELECTION OF THE MAXIMUM SURVIVORSHIP OPTION BEFORE RETIREMENT, WITH MULTIPLE BENEFICIARIES

NOTE:

This Election is available only to those members who are eligible to retire and meet regular service retirement age requirements and have not yet filed an Application for Retirement.

Multiple beneficiaries must be your children and may include your spouse.

If you elect this survivorship option and die while in service and prior to filing an Application for Retirement, your beneficiaries will receive for their lives that portion of the maximum survivorship allowance, which you specify as a percentage. The total combined percentage must equal 100%.

To receive a pension and designate post-retirement beneficiaries you must file an Application for Retirement. Upon your filing an Application for Retirement this Election will expire.

Any pension payable to multiple beneficiaries is subject to the limitations set forth in RSA 100-A:13-b. Multiple beneficiaries cannot receive a survivorship allowance of more than 100% of your allowance. Multiple beneficiaries who are ten or more years younger than you are eligible for a survivorship allowance of 52% to 96% of your allowance. The exact percentage will vary according to the age of the youngest beneficiary.

To elect other than the Maximum Survivorship Option before Service Retirement, contact the New Hampshire Retirement System.

CAUTION:

THIS ELECTION OF THE MAXIMUM SURVIVORSHIP OPTION BEFORE RETIREMENT WILL NOT BE RECOGNIZED IF YOU DIE BEFORE FILING AN APPLICATION FOR RETIREMENT UNLESS ALL THE BENEFICIARIES NAMED BELOW AND ALL PRIMARY ORDINARY DEATH BENEFICIARIES DESIGNATED UNDER RSA 100-A:9 ARE THE SAME PERSONS.

I designate the following individuals as my maximum Survivorship Option Beneficiaries.

Beneficiary's Name	Address	Social Security Number	Date of Birth*	Relationship (Circle One)	Distribution Percentage
				Spouse/Son/ Daughter	%
				Spouse/Son/ Daughter	%
				Spouse/Son/ Daughter	%
				Spouse/Son/ Daughter	%
				Spouse/Son/ Daughter	%
				Spouse/Son/ Daughter	%
*Attach a copy of birth certificate for each named beneficiary				Total	100%

(OVER)

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I elect the maximum survivorship option as defined in RSA 100-A:13. I understand that no payments will be made under this election unless I die while in service and prior to filing an Application for Retirement.								
I understand that this Election expires upon my filing an Application for Retirement and that to receive a retirement pension and designate a post-retirement beneficiary(ies) I must file an Application for Retirement. I also understand that if I should die while in service and before filing an Application for Retirement, the beneficiaries named on the reverse side may, as a group, choose to receive either the maximum survivorship benefit elected herein or the ordinary death benefit provided under RSA 100-A:9, whichever is more advantageous to said group of beneficiaries.								
Name (Please Print)		Social Security #	Date of Birth					
Type of Service (check one): Group I Service only. Group II Service only. A combination of Group I and Group II Service.								
Signatu	ure of Member		Date					
3.6								
State of)							
County of								
•								
The foregoing instrument was acknowledged before me this								
by								
WITNESS my hand and official seal.								
(Seal)								
Notary Public or Justice of the Peace								
My Commission Expires								

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